

# New Application Instructions

Revised 8/4/10

For institutions preparing a new application for participation in the MT Child and Adult Care Food Program, the following instructions are provided:

Proof of current general liability insurance and worker's compensation insurance is required for institutions participating in the MT CACFP.

If you have any questions, contact the MT CACFP at (406) 444-4347 or toll free 1-888-307-9333.

## 1. Application Form

- a. The name of the program should match the name on the W-9. For purposes of state agency records, the DPHHS Fiscal Bureau will use the name under which the EIN is issued.
  - 1) All fields are required included the name, address, and date of birth of the Board President/Chairperson for a non-profit program
- b. Select type of center from those categories provided. If you have any questions as to type, please call the state agency at 888-307-9333.
  - 1) If your program is associated with a tribal government or a public entity [such as educational institution], a letter indicating the association must be included with your application to be considered complete.
- c. Meals served as well as those to be claimed must be noted in item #5 of the application form.
- d. If your program plans to contract with a vendor for food service, please request a copy of the MT CACFP Food Service Agreement or include a copy of the contract the program is currently under.
- e. Income Eligibility forms [IEF] will be reviewed at the time of the pre-approval visit. For profit centers must have 25% of the children enrolled eligible for free or reduced meals in order to begin participation in the Food Program. Do not send IEFs with your application unless requested to do so.

## 2. Financial Viability, Administrative Capability and Program Accountability (referred to as VCA) is required by 7 CFR 226.6(b)(1)(xvii) to understand and assess the institution's ability to operate the CACFP:

- a. V-Financial Viability  
Performance Standard 1  
Provide a current income and expense report for your institution.
- b. C-Administrative Capability  
Performance Standard 2  
Provide us the name of the person responsible for the CACFP at this institution.
- c. A-Program Accountability  
Performance Standard 3  
Explain to us in writing how your accounting system works, including: the name of the person who is responsible for the accounting function, the name of the software if you use a computerized system, or if your accounting is performed by hand. Does your business have its own checking account and its own credit card? How is CACFP labor calculated?

## 3. Staff Training Plan

- a. A staff training checklist is included in the packet to assist with training ideas for center staff.

## 4. Civil Rights

- a. Instructions are provided for completing the Civil Rights section of the application packet
- b. Using the provided county ethnicity information complete the estimated portion of the Civil Rights Compliance form and then enter the actual ethnic data of the children enrolled in your program at the time of application.
- c. Civil Rights training must be noted on the Civil Rights Training Record .

## 5. Non-discrimination and Free and Reduced-Price Policy Statement

- a. Issuing a news release announcing CACFP participation is not a pre-requisite to participation. The state agency issues an annual news release in appropriate regional newspapers for each programs location. The release is typically place in the spring of each year and each program is notified in the appropriate issue of the agency newsletter.

# Application Supplements

## **1. Income Eligibility Forms [IEF],**

- a. Completion of the Income Eligibility form [IEF] assists each center in obtaining the maximum rate of reimbursement. Each parent must receive the letter and the form.
- b. Once completed, all IEF forms should be kept in a secure, locked location to ensure confidentiality of the information contained on the form.
- c. Each program receives several IEFs and may make copies if needed. The fiscal year is noted in the upper right hand corner of the form. These forms must be renewed annually and each program will receive updated forms each June for renewal purposes. We recommend that all IEFs be renewed annually during the month of July.

## **2. Enrollment Forms**

- a. Each participant on the MT CACFP must have a current enrollment form on file with the center. The application packet includes a sample form.

## **3. Income Eligibility Guidelines [IEG],**

- a. Income Guidelines are updated annually in July. These are for use in classifying income for families completing an IEF during the renewal period or as they become enrolled in the center any time after the month of renewal.

## **4. Reimbursement Rates**

- a. Reimbursement Rates are released annually on or about the first of July. These rates will be distributed to all participating institutions as soon as they are available.

## **5. Staff Training Checklist**

## **6. CACFP Meal Pattern**

A chart indicating the minimum food component requirements for meals.

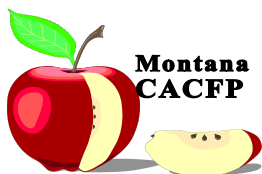
## **7. Meal Ideas**

## **8. W-9 & Direct Deposit Form**

- a. Complete the form and return with your application. The state office will forward to the DPHHS Fiscal Bureau for processing.
- b. Direct deposit of CACFP reimbursements into a bank account is available. Institutions desiring to have direct deposit can obtain the form from their bank and include it with their application. Our office will forward it directly to the Fiscal Bureau.

## **9. Administrative Review (Appeal) Process and Fair Hearing Information.**

This document gives instructions to submit a request for an appeal.



# CHILD AND ADULT CARE FOOD PROGRAM

## INDEPENDENT CENTER APPLICATION

1. **CENTER NAME:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Email Address [**required**]: \_\_\_\_\_

Center Director: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Center Director Address: \_\_\_\_\_

Owner (if different from Director): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Individual Signing Contract (if different from Director): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Board President/Chairperson: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Board President/Chairperson Address: \_\_\_\_\_

Center's Tax ID Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. **A copy of this Institution's license is attached (if applicable)**

The age range of children in care is: From \_\_\_\_\_ To \_\_\_\_\_ This Center's Authorized Capacity is \_\_\_\_\_

3. **TYPE OF CENTER:**

- ☐ Outside School Hours (license not required)
- ☐ Licensed Adult Day Care Center
- ☐ Licensed Day Care Center

- ☐ Special After-School Snack Program
- ☐ Non Profit (501(c)(3))
- ☐ For-Profit Proprietary

**This Center is a:**

- ☐ Non-profit Center, **AND**
- ☐ Tribal Center,
- ☐ Public Entity

☐ Documentation of non-profit 501(c)(3) status is enclosed

**If Applicable:**

- ☐ A letter from the tribe is attached
- ☐ A letter from the Public Entity is attached

4. **OPERATING DATA:**

A. Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_ Shift Care: \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Circle Operating Days for the Week: Mon Tue Wed Thurs Fri Sat Sun

C. List Dates of Non-Operation for Periods of one (1) week or longer during which the CACFP will not operate (include spring or summer break): \_\_\_\_\_

5. **MEALS THAT WILL BE SERVED AND/OR CLAIMED** - List the meals that will be served and identify the meals that will be claimed. You may only claim up to 2 meals and 1 snack or 1 meal and 2 snacks per day per participant. Meal service times must be accurate, and changes to the meal times must be submitted to the Montana CACFP in writing as they occur. **There must be at least 2.5 hours between meals claimed.**

	Place an X by All Meals to be Served	Meals	Place an X by Each Meal to Be Claimed	List the <b>Time</b> of Each Meal Service	If Shift Care Is Offered, List the Meal Times of the 2nd Shift Meal Service
A		Breakfast			
B		AM Supplement			
C		Lunch			
D		PM Supplement			
E		Supper			
F		PM Supplement			

**6. MEALS ARE PREPARED:**

**CHECK ONE:** \_\_\_\_\_ **On-Site**

☐ A Montana CACFP Food Service Agreement is place with \_\_\_\_\_  
School/Company

and a copy is attached. **[All Food Service Agreements (if applicable) are updated annually]**

**- OR -**

☐ Please send this Center a Montana CACFP Food Service Agreement for completion and approval.

**7. INCOME ELIGIBILITY DOCUMENTATION:** This Center uses the Montana CACFP Income Eligibility Form (IEF), and guidelines to determine the reimbursement category of free, reduced or paid for enrolled CACFP participants.

**8. CASH/COMMODITIES:** This Center agrees to accept cash in lieu of commodities.

**9. WORKERS COMPENSATION and GENERAL LIABILITY INSURANCE:** This Center must provide certificates of current Workers' Compensation and General Liability Insurance – **current certificates attached.** **(EXCEPTION for Workers Compensation:** Not required for Tribal entities operating within the reservation boundaries or programs staffed solely by owners.)

☐ Proof of coverage is attached, **AND** ☐ Each year the Center will request that Certificates of Insurance for Workers' Compensation and General Liability coverage be sent directly to the Montana CACFP.

**10. CIVIL RIGHTS COMPLIANCE:** All child or family applicants must be served on a first come first served basis. There must not be any separate charge for food. There must not be a reduced price for child care if food is not provided. Every child must be offered meals when the meals are provided. All families are to be charged the same rate for child care. Family rates for second and subsequent children from one family are allowable. For additional information contact the Montana CACFP (888-307-9333).

**DATA:** Fill in, sign, and attach the enclosed Civil Rights Compliance Form.

**11. CERTIFICATIONS:**

- A. I certify that neither this center nor any of its principals is on the National Disqualified List.
- B. I certify that during the past seven years, neither this center nor any of its principals have been declared ineligible to participate in any other publicly funded program for violating that program=s requirements or had any criminal convictions that indicated a lack of business integrity.
- C. I certify that this Institution has a financial system with management controls specified in writing and that a system of safeguards is in place to prevent and detect improper financial activities by employees.
- D. Below is a list of all publicly funded programs in which this Institution and its principals have participated in the last 7 years. (Attach a separate sheet if necessary.)

**12. NEW APPLICANTS (N/A):**

- ☐ (a) Press Release Notice [MT CACFP does press release annually in the Spring for all participating programs]; and
- ☐ (b) Non Discrimination Policy Statement attached; and
- ☐ (c) Completion of Civil Rights Compliance Training attached.

**13. I certify that:**

- A. the information on this application and attached forms is true and correct to the best of my knowledge;
- B. I will accept final administrative and financial responsibility for Child and Adult Care Food Program operations at this center;
- C. reimbursement will be claimed only for meals served to enrolled participants; and
- D. the CACFP will be available at no additional cost and served without discrimination to all participants regardless of race, color, national origin, sex, age, or disability.
- E. I understand that upon MT CACFP approval and/or contract issuance, this application and all attachments form a part of the contract between the "Contractor" and the "Department".

**I understand that this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.**

\_\_\_\_\_  
Signature of Center Representative, Title

\_\_\_\_\_  
Date

## **Budget Worksheet for Food and Milk**

This worksheet assists in the completion of the budget form for Child and Adult Care Food Program. It provides estimates of the cost per meal per child for food and milk. All calculations are based on 252 days/year [allows for 8 holidays].

On the budget form, **DO NOT** combine milk with food or food and non-food items.

### **Food**

Average costs are based on reported percentage increases in staples such as bread, fruits and vegetables.

- **Breakfast (B): Milk not included: Average cost per child per day = .41**

20 children = \$ 2,066.40/year      40 children = \$ 4,132.80/year  
60 children = \$ 6,199.20/year

- **Lunch/Dinner (L/D): Milk not included: Average cost per child per day = .83**

20 children = \$ 4,183.20/year      40 children = \$ 8,366.40/year  
60 children = \$ 12,549.60/year

- **Snacks (Sn): Milk not included: Average cost per child per day = .34**

20 children = \$ 1,713.60/year      40 children = \$ 3,427.20/year  
60 children = \$ 5,140.80/year

### **Milk**

Milk is a required meal component for Breakfast, Lunch, and Dinner and is not required for snacks. The serving sized used for calculation is 6 oz – for 3-5 year olds. The average price for gallon of milk is \$4.00/gallon. There are 128 oz in one gallon; about 21 6 oz servings in a gallon. [252 days/year]

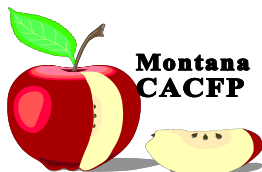
**Breakfast and Lunch – 6 oz per child x 2 per day = .38 or .57 if serving Dinner as well.**

#### **Breakfast & Lunch**

20 children = \$ 1,915.20/year  
40 children = \$ 3,830.40/year  
60 children = \$ 5,745.60/year

#### **Breakfast, Lunch & Dinner**

20 children = \$ 2,872.80/year  
40 children = \$ 5,745.60/year  
60 children = \$ 8,618.40/year



## FOOD SERVICE BUDGET

For the Federal Fiscal Year beginning October 1, 2012 and ending September 30, 2013

EXPENDITURE CATEGORIES FOR FOOD SERVICE OPERATION AND CACFP ADMINISTRATION	DOLLAR AMOUNT FFY 2013
Food	
Milk	
Food Service Labor (Cook's Salary, etc.)	
Cleaning Supplies (Dishwashing Detergents, Sanitizing Solutions, etc.)	
Nonfood Supplies (Napkins, Straws, Disposable Dishes, etc.)	
Food Service Equipment	
Staff Training Costs for the CACFP	
Administrative Costs for the CACFP	
** General Liability Insurance & Workers' Compensation Insurance	
** Overhead (Rent, Utilities)	
	\$

\*\* These budget categories are not allowable CACFP expenses. The expenses are necessary for the operation and administration of the CACFP and must be listed.

LIST THE INSTITUTION'S THREE MAJOR SOURCES OF INCOME	DOLLAR AMOUNT
Child and Adult Care Food Program: _____	
Child/Family Service Contract/s or: _____	
Tuition and fees or: _____	
<b>TOTAL</b>	\$

Center's Name \_\_\_\_\_

Authorized Representative's Printed Name \_\_\_\_\_

Printed Title \_\_\_\_\_

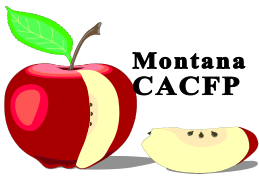
Authorized Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

State agency use only

State agency approval: Yes \_\_\_\_\_ No \_\_\_\_\_

State agency initials \_\_\_\_\_



## **STAFF TRAINING PLAN**

**13**

For the Federal Fiscal Year 2013, beginning October 1, 2012 and ending September 30, 2013.

This Staff Training Plan forms a part of this center's Child and Adult Care Food Program (CACFP) contract and must be accomplished within the dates specified. CACFP related topics, federal and state requirements and including the meal requirements and civil rights assurances, must be the content of the staff training. Staff training records must be kept including the agenda and staff-signed attendance sheets. Staff training must be performed a minimum of 2 times each year and must be provided to new employees before they perform CACFP duties.

PLANNED TRAINING DATES	TRAINING TOPICS	PRESENTER
	CACFP program requirements	
	Civil Rights requirements	

\_\_\_\_\_  
**Center Name**

\_\_\_\_\_  
**Center Representative's Printed Name**

\_\_\_\_\_  
**Title**

State agency use only

State agency approval: Yes \_\_\_\_ No \_\_\_\_

State agency initials \_\_\_\_\_

## Nondiscrimination and Free and Reduced-Price Policy Statement (Non-Pricing Program)

1. The \_\_\_\_\_ assures the Montana Department of  
(Name of Institution)

Public Health and Human Services/Early Childhood Services Bureau/Child and Adult Care Food Program (the State agency) that all children at the institution(s) described on the application forms are served the same meals at no separate charge regardless of race, color, national origin, sex, age, or disability and there is no discrimination in the course of the meal service.

2. As a new applicant for participation or a renewing institution, I understand that the State agency will issue an annual news release in the appropriate regional newspaper for my location. I will be notified by the State agency via the CACFP Newsletter when these ads have been placed.

\_\_\_\_\_  
Authorized Signatory and Title

\_\_\_\_\_  
Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

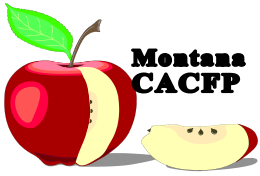
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

State agency use only

State agency approval: Yes \_\_\_\_ No \_\_\_\_

State agency initials \_\_\_\_\_





## **CHILD & ADULT CARE FOOD PROGRAM (CACFP)**

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### **CIVIL RIGHTS INSTRUCTIONS**

***To meet the Civil Rights Requirements, please do the following:***

1. Read "Civil Rights Compliance and Enforcement in the CACFP."
2. During the first month of participation in the Child and Adult Care Food Program, determine the racial/ethnic categories for all enrolled participants at your centers and/or day care homes. Information on the racial/ethnic makeup of the population throughout Montana is attached to this letter. Please determine the appropriate information for your area and fill in #1 and # 2 of the "Civil Rights Compliance" form. Record this information and send a copy to the MT CACFP and keep a copy of it in a confidential manner for review by the State Agency and/or USDA.
3. Provide training to your staff on "Civil Rights Compliance and Enforcement in the Child and Adult Care Food Program" Section I through V.
4. Contact minority or grassroots organizations in your area to let them know that the benefits of the Program are available to all eligible individuals without regard to age, race, color, national origin, sex, or disability. A grassroots organization is any group organized at the local level such as school districts, libraries, hospitals, and resource and referral agencies.
5. Provide documentation of Civil Rights Compliance and Enforcement in the CACFP by completing the form "Instructions and Record of Civil Rights Compliance Training" and mail the original to the CACFP office, with your application.
6. Include the following statement on all Program information that is provided to parents and guardians and/or the public.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

If the material is too small to permit the full statement to be included (e.g. brochures, coupons, electronic benefit cards, flyers, and other media of less than a page) the material must, at a minimum include the USDA's short nondiscrimination statement as follows: "This institution is an equal opportunity provider and employer."

7. Display the Civil Rights poster.
8. Inform beneficiaries and potential beneficiaries regarding the complaint procedure.



## CHILD AND ADULT CARE FOOD PROGRAM

### INSTRUCTIONS AND RECORD OF CIVIL RIGHTS COMPLIANCE TRAINING

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

1. We have read "CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT IN THE CHILD & ADULT CARE FOOD PROGRAM".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. We have counted all participants enrolled at our Centers/Day Care Homes on (date), by racial/ethnic categories using the categories given in "CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT in the CHILD & ADULT CARE FOOD PROGRAM." This information will be kept in our office and will be available for review by the State Agency and/or USDA. This information will be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. We have reviewed our requirements, procedures, and policies to determine that they do not restrict or deny enrollment on the basis of race, color, national origin, sex, age, or disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. We have contacted the following grassroots or minority organizations in our area to announce our participation in CACFP:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. We have filled out CACFP Application for Participation Civil Rights Compliance with our application and have mailed it to the CACFP Office. We have kept one copy for our files.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

6. We will include the following statement in all of the information that we hand out to parents, guardians and/or the public including leaflets, brochures, bulletins and newspaper announcements.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

If the material is too small to permit the full statement to be included (e.g. brochures, coupons, electronic benefit cards, flyers, and other media of less than a page) the material must, at a minimum include the USDA's short nondiscrimination statement as follows: **"This institution is an equal opportunity provider and employer."**

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Signature

Date

7. The Civil Rights Poster "And Justice for All" is displayed near our facility's public entrance.

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Signature

Date

8. We understand that there is a complaint procedure for anyone that feels they have been discriminated against and that any complaints should be forwarded to the USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

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Signature

Date

9. We will provide Civil Rights Compliance training \_\_\_\_\_ to  
(date)  
\_\_\_\_\_ on the following subjects:  
(# of attendees)

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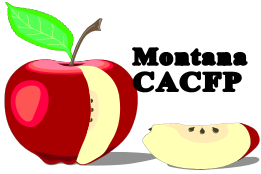
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Signature

Date

***Please sign this form in all places as required and return it to the Montana CACFP.***



## **CHILD & ADULT CARE FOOD PROGRAM (CACFP)**

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### **CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT IN THE CACFP**

The Child & Adult Care Food Program is committed to assuring that the CACFP benefits are made available to all eligible individuals without regard to race, color, national origin, sex, age, or disability.

#### **I. INSTITUTION RESPONSIBILITY IN IMPLEMENTING THE PUBLIC NOTIFICATION SYSTEM**

- A. All participating institutions and their sponsored centers (these requirements do not apply to day care homes) shall be required to:
  - 1. Display in a prominent place the nondiscrimination poster “And Justice for All” developed by the USDA.
  - 2. Have the capability of providing informational materials in the appropriate translation (available through the Montana CACFP office) concerning the availability and nutritional benefits of the CACFP.
  - 3. Make CACFP information available to the public upon request. Upon initial visits, parents or guardians of potential beneficiaries shall be given specific CACFP information which is pertinent to their participant's receipt of benefits through the CACFP.
  - 4. Provide the nondiscrimination statement and procedure for filing a complaint to all parents or guardians of beneficiaries and potential beneficiaries.
- B. Sponsors of day care homes: Participating institutions which sponsor day care homes are required to provide parents or guardians of beneficiaries, as well as parents of potential beneficiaries seeking enrollment, written CACFP materials which contain the nondiscrimination statement and procedure for filing a complaint.

#### **II. DATA COLLECTION AND MAINTENANCE**

Actual beneficiary data by racial/ethnic category for each child care center, outside-school-hours care center, adult care center, and family day care home under an institution's jurisdiction shall be collected by the institution each year. Visual identification may be used by institutions to determine a beneficiary's racial/ethnic category. The parents or guardians of a beneficiary may also be asked to identify the racial/ethnic group of their child or participant.

For data collection purposes, a beneficiary may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. Parents or guardians of beneficiaries may be asked to identify the racial/ethnic group of the participant only after it has been explained, and they understand that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of the participant's eligibility to receive benefits under the CACFP.

Once collected, actual beneficiary data must be maintained on file at the institution. Data, as well as documentation for the data, shall be retained by the institution for the required 3 years. The data shall be maintained using safeguards which prevent its use for discriminatory purposes. Such safeguards include allowing access to CACFP records containing this data to only authorized personnel.

**THE FOLLOWING RACIAL/ETHNIC CATEGORIES SHALL BE USED FOR COLLECTING BENEFICIARY DATA:**

1. **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).
2. **ASIAN OR PACIFIC ISLANDER:** A person having Origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
3. **BLACK (NOT OF HISPANIC ORIGIN):** A person having origins in the black racial groups of Africa.
4. **HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. **WHITE (NOT OF HISPANIC ORIGIN):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**III. COMPLAINTS**

For all written, anonymous or verbal complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability:

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

The Mountain Plains Civil Rights Office, has been delegated the authority to determine the manner in which all civil rights complaints are to be handled including agency inquiries, compliance reviews, or other means. Regardless of where the complaints are filed, they must reach the above office within 10 days of receipt by the State Agency or Regional Office. Mountain Plains Civil Rights/EEO Office will prepare and issue letters of acknowledgement to complainants.

**A. Procedure for Filing Complaints of Discrimination**

1. **Right to File a Complaint:** Any Person alleging discrimination based on race, color, national origin, gender, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Such complaint shall be promptly referred to the Secretary of Agriculture or the Mountain Plains Civil Rights/EEO Office within 5 calendar days of receipt.
2. **Acceptance:** All civil rights complaints, written, verbal or anonymous, shall be accepted by the State CACFP Office, and forwarded to the Mountain Plains Civil Rights/EEO Office. It is necessary that the information be sufficient to determine the identity of the agency or individual towards which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints should be handled as any other complaints.
3. **VERBAL COMPLAINTS:** In the event a complainant makes the allegations verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
  - A. Name, address, and telephone number or other means of contacting the complainant.
  - B. The specific location and name of the entity delivering the service or benefit.
  - C. The nature of the incident or action that led the complainant to feel discrimination was a factor, or an example of the method of administration which is having a disparate effect on the public, potential participants, or participants.
  - D. The basis on which the complainant feels discrimination exists (race, color, national origin, gender, age, disability, or political belief).
  - E. The names, titles, and business addresses of persons who may have knowledge of the discriminatory action.
  - F. The date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.

#### **IV. PROHIBITED DISCRIMINATION**

Discrimination is prohibited in all aspects of the delivery of CACFP benefits. Some specific examples of prohibited discrimination and noncompliance with Title VI are as follows:

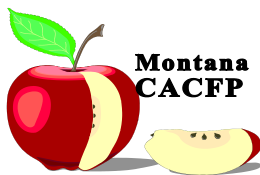
1. Service or delivery of foods in a place, time or manner that results in or has the effect of denying or limiting the benefits of the CACFP on the basis of race, color, national origin, gender, age, disability, or political belief.
2. Failure to apply the same eligibility criteria to all potential eligible individuals seeking participation in the CACFP.
3. Maintenance of a waiting list which makes distinctions on the basis of race, color, national origin, sex, age, or disability.
4. Failure to use or provide material which provides non-English speaking persons full and equal opportunity to receive benefits or services under the CACFP.

#### **V. SECTION 504 OF THE 1973 REHABILITATION ACT, NONDISCRIMINATION ON THE BASIS OF DISABILITY**

Recipients of federal funds shall operate its CACFP or activity so that when viewed in its entirety, is readily accessible to and usable by qualified disabled persons. Because a recipient's facilities are inaccessible to, or unusable by disabled persons, they may not be denied the benefits of, or be excluded from participation.

1. We understand that qualified disabled persons may not, on the basis of disability, be denied admission or be subjected to discrimination in admission, or recruitment into the CACFP;
2. We understand that we are required to serve special meals to recipients whose disability restricts their diet upon request and the receipt of a medical certification from a state recognized medical authority;
3. We understand that the day care center or the day care home is not to make the determination of whether a child is disabled, rather the facility shall accept the signed statement from a state recognized medical authority which shall indicate the individuals disabling condition which restricts their diet and the food choice that may be substituted;
4. We will not charge extra for the preparation and serving of such meals;
5. We have evaluated our current admission and recruitment policies to ensure that there are no barriers to participation on the basis of disability.

Thank you for your help with this procedure. If you have any questions, please contact the Child & Adult Care Food Program at 406-444-4347 or 888-307-9333.



## CACFP APPLICATION FOR PARTICIPATION CIVIL RIGHTS COMPLIANCE

Provide an **ESTIMATE** (using the attached form) of the Racial/Ethnic Makeup of the Population to be Served on line 1 using Racial/Ethnic Data for Montana Children 0-12 Years by County and Reservation for the area which your organization serves.

Provide an **ACTUAL** count of the Racial/Ethnic Makeup of the Population the entity is serving on line 2.

	Black	Hispanic	American Indian Or Alaskan	Asian	White (Not Hispanic)	Total
1. Estimate <small>Use Attached data</small>						
2. Actual						

Describe Efforts to Be Used to:

- (1) Assure that minority populations have equal opportunity to participate.
- (2) Contact minority and grassroots organizations concerning the availability of your program (list grassroots organizations you have contacted).
- (3) List any other Federal Agencies which provide support.

### NONDISCRIMINATION CLAUSE

THE INSTITUTION:

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the Department of Agriculture (7 CFR Part 15, Department of Justice (28 CFR Parts 42 and 50), and FNS directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from participation in, or be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.



THIS ASSURANCE IS given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the applicant by the Department. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, food stamps, cash assistance for the purchase of food and any other financial assistance extended in reliance on the representations and agreements made in this assurance.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture, Food and Consumer Service, shall have the right to seek judicial enforcement of this assurance.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

#### **CERTIFICATION STATEMENT**

I HEREBY CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that Department Officials may, for cause, verify information; and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes.

---

Signature on Behalf of  
Institution by Authorized  
Representative

Montana Department of Public  
Health & Human Services  
(Child & Adult Care Food Program)

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

Name: \_\_\_\_\_  
(Print or Type)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Racial/Ethnic Data for Montana  
Children 0-12 Years  
By County & Reservation**

<b>County</b>	<b>Total</b>	<b>White</b>	<b>Black</b>	<b>Alaskan Native or American Indian</b>	<b>Asian or Pacific Islander</b>	<b>Hispanic</b>	<b>Other</b>
Beaverhead	1,153	1,123	7	22	1	57	
Big Horn	2,961	663	5	2,279	14	148	
Blaine	1,690	945		725		20	
Broadwater	715	707		3		5	
Carbon	1,549	1,520		12	7	10	
Carter	317	312				5	
Cascade	16,636	14,800	239	883	105	434	175
Chouteau	1,254	1,189		65			
Custer	2,677	2,558		64	8	47	
Daniels	547	543		4			
Dawson	2,646	2,587		23	5	31	
Deer Lodge	2,354	2,241	10	48	2	38	15
Fallon	849	840				9	
Fergus	2,521	2,465		32	6	18	
Flathead	11,116	10,748	13	158	27	123	47
Gallatin	7,377	7,047	8	162	42	83	35
Garfield	353	353					
Glacier	2,678	1,182		1,469		18	9
Golden Valley	215	215					
Granite	539	531		8			
Hill	3,914	3,045		806	15	48	
Jefferson	1,562	1,508		27	7	20	
Judith Basin	523	517				6	
Lake	4,332	3,336	3	897	4	19	73
Lewis & Clark	8,929	8,480	12	218	34	81	104
Liberty	480	480					
Lincoln	4,182	4,043		63	11	65	
McCone	639	639					
Madison	1,006	990		7		9	
Meagher	405	405					
Mineral	815	785		8	3	13	6

County	Total	White	Black	Alaskan Native or American Indian	Asian or Pacific Islander	Hispanic	Other
Missoula	14,381	13,438	40	389	65	191	258
Musselshell	932	922				10	
Park	2,445	2,401		23	1	20	
Petroleum	135	135					
Phillips	1,151	1,046		95		10	
Pondera	1,549	1,290		220		31	8
Powder River	568	554		6		8	
Powell	1,322	1,289		18	1	14	
Prairie	384	365		10		9	
Ravalli	4,699	4,460	17	39	13	97	73
Richland	2,867	2,741		30	5	91	
Roosevelt	2,579	1,270		1,267	1	26	15
Rosebud	2,740	1,805		868	14	53	
Sanders	1,907	1,772		102	6	27	
Sheridan	982	947		12	6	17	
Silver Bow	7,542	7,015	2	172	31	250	72
Stillwater	1,090	1,085				5	
Sweet Grass	593	593					
Teton	1,358	1,332		19		7	4
Toole	1,195	1,152		28		15	
Treasure	203	192				7	
Valley	2,359	1,987		322	11	39	
Wheatland	483	483					
Wibaux	320	320					
Yellowstone	22,555	21,203	71	722	93	999	467
Reservations							
Blackfeet.	1,907	351		1,539		17	
Crow	1,662	390		1,221		43	8
Flathead	4,497	3,325	3	1,066	5	82	16
Ft. Belknap	653	36		607		10	
Ft. Peck	,2575	1,121		1,419	1	21	13
N. Cheyenne	1,211	91		1,101		17	2
Rocky Boy	578	23		548		7	



## FACILITY INFORMATION

(Print additional sheets if need; Provide one sheet for each facility)

Name of Institution: \_\_\_\_\_

**1. Facility:**

A. Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Street Address: \_\_\_\_\_

CITY STATE ZIP

C. Mailing Address: \_\_\_\_\_

CITY STATE ZIP

D. Person in charge at Facility: \_\_\_\_\_

**2. TYPE OF FACILITY:**

\_\_\_\_\_ Child Care \_\_\_\_\_ Head Start \_\_\_\_\_ Afterschool Program \_\_\_\_\_ Outside School Hours

**3. CHILD CARE LICENSE:** \_\_\_\_\_ Yes \_\_\_\_\_ No, not required.

**4. OPERATING INFORMATION:**

A. Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_ Shift Care: \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Circle Operating Days for the Week: Mon Tue Wed Thur Fri Sat Sun

C. List Dates of Non-Operation for periods of one (1) week or longer during which the CACFP will not operate, (include spring or summer break): \_\_\_\_\_

**5. MEALS PROVIDED ARE:** \_\_\_\_\_ Prepared on-site **-OR-**

\_\_\_\_\_ \*\*Obtained through a Food Service Agreement with \_\_\_\_\_

School/Company/Center

\*\*(Please request a Food Service Agreement from the MT CACFP; its use and approval is required and must be updated annually.)

**6. MEALS THAT WILL BE SERVED AND CLAIMED:** List the meals that will be served and identify the meals that will be claimed. You may only claim up to 2 meals and 1 snack or 1 meal and 2 snacks per day per participant. Meal service times must be accurate, and changes to the meal times must be submitted to the Montana CACFP in writing as they occur.

	Place an X by All Meals to be Served	Meals	Place an X by Each meal to be claimed to the CACFP.	List the start time of each meal service	If shift care is offered, list the meal start time of the 2 <sup>nd</sup> meal service
A		Breakfast			
B		AM Snack			
C		Lunch			
D		PM Snack			
E		Supper			
F		PM Snack			

Signature of Facility Representative

Date